

ILMA Membership Form



Please send form and payment to:

ILMA
PO Box 20655
Springfield, IL 62708

Name: _____

Organization: _____

Mailing Address: _____

Phone: _____

Email: _____

Annual membership dues:

- ☐ Individual (\$70.00)
- ☐ Family (\$90.00)
- ☐ Student (\$35.00)
- ☐ Public/Non-Profit (\$175.00)
- ☐ Corporate (\$265.00)
- ☐ Sustaining (\$350.00)

Thanks for your support!